



EXCALIBUR Charter Schools

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PARENT ACKNOWLEDGMENT, RELEASE, AND ASSUMPTION OF RISK

I understand that Excalibur Charter School, Inc., d/b/a/ Avalon Elementary (the "School") has implemented protocols in accordance with infection control guidance from the Arizona Department of Health and the Centers for Disease Control and Prevention in an effort to keep my child safe. I further understand that despite adherence to these protocols and precautions, my child may nonetheless be exposed to, or contract COVID-19 or other viruses as a result of in-person services at the School and that COVID-19 may be subsequently transmitted from my child to me, my family, or to others with whom we come in contact. While the School complies with Department of Health and the Centers for Disease Control and Prevention infection control mandates to prevent the spread of the COVID-19 virus, the School cannot make any guarantees.

On behalf of my minor child, _____, I consent to my child attending in-person tutoring at the School (the "Services"). I acknowledge that my child's participation is wholly voluntary, and that I have been given the option of alternatives to receiving the Services in-person, to include the option of online, distance tutoring services.

I attest as follows (please initial each line):

- _____ My child is not currently awaiting the results of a COVID-19 test.
- _____ Nobody in my child's household is awaiting the results of a COVID-19 test.
- _____ My child does not currently have a fever, shortness of breath, a dry cough, runny nose, sore throat, sneezing, watery eyes, and/or sinus pressure that is not unusual and not related to seasonal allergies.
- _____ My child has not experienced headaches, fatigue, or weakness or loss of his/her sense of taste and/or smell.
- _____ I will promptly notify the School and not send my child to School if my child develops any of the above-listed symptoms or illness, or tests positive for COVID-19.

I give permission for my child to receive Services at the School. To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the School, its insurers, the School's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any exposure to or illness resulting from my child's participation in the Services, including any loss, disability, or death that may occur to my child, me, or my household members. I am familiar with, and knowingly accept the health risks and hazards associated with the in-person Services, including, but not limited to, the risks associated with the COVID-19 virus.

Dated: _____

Signature _____

Print Parent's Name: _____